

ACORD		CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YY) Date Cert. Typed	
PRODUCER Agent/Broker Name & Address			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS. THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
			INSUREERS AFFORDING COVERAGE				
INSURED Contractor/Vendor Name & Address			INSURER A: Name of Insurance Company				
			INSURER B: " " "				
			INSURER C: " " "				
			INSURER D: " " "				
			INSURER E: " " "				
COVERAGES							
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED; NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT IN RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GENERAL AGGREGATE LIMIT APPLIES TO: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy Number	Effective date of policy	Expiration date of policy	EACH OCCURENCE	\$2,000,000	
					FIRE DAMAGE (Any one fire)	\$50,000	
					MED EXP (Any one person)	\$5,000	
					PERSONAL & ADV INJURY	\$2,000,000	
					GENERAL AGGRREGATE	\$2,000,000	
					PRODUCTS-COMP/OP AGG	\$2,000,000	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>	Policy Number	Effective date of policy	Expiration date of policy	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000	
					BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY-EA ACCIDENT	\$	
					OTHER THAN EA AGG	\$	
					AUTO ONLY:	\$	
C	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	Policy Number (*Excess/Umbrella may be used to supplement the GL & Auto limits, to satisfy policy limits requirements.)	Effective date of policy	Expiration date of policy	EACH OCCURENCE	*	
					AGGREGATE	*	
						\$	
						\$	
						\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Note: The State of MN should be included as a covered state.	Policy Number	Effective date of policy	Expiration date of policy	<input checked="" type="checkbox"/> WC STATU- <input type="checkbox"/> OTH-ER		
					E.L. EACH ACCIDENT	\$100,000	
					E.L. DISEASE-EA EMPLOYEE	\$100,000	
					E.L. DISEASE - POLICY LIMIT	\$500,000	
E	OTHER Professional Liability	Policy Number	Effective date of policy	Expiration date of policy	Each Occurrence Aggregate	\$2,000,000 \$2,000,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS The State of Minnesota is named as an Additional Insured.							
CERTIFICATE HOLDER		<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: __		CANCELLATION			
The State of Minnesota Department of Administration SITE Program 112 Administration Building 50 Sherburne Avenue St. Paul, MN 55155				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
				AUTHORIZED REPRESENTATIVE			

